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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

FEB 11 2020 AC

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Tommy Ortiz

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Lieutenant, Delitz

Sheriff, Jefferson

Sheriff, John Doe

Sheriff, John Doe

Sheriff, John Doe

1:20-cv-01033
Judge Edmond E. Chang
Magistrate Jeffrey Cole
PC 7

t)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Tommy Ortiz
- B. List all aliases: _____
- C. Prisoner identification number: 20170720030
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S. California Ave, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Lieutenant Delitz
Title: Lieutenant
Place of Employment: Cook County Jail
- B. Defendant: Sheriff, Jefferson
Title: Sheriff
Place of Employment: Cook County Jail
- C. Defendant: Sheriff's #1, John Doe #2, John Doe #3
Title: Sheriff's
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Tommy Ortiz v. Bill Epperson, # 18-CV-03385, M.D. Ill.
- B. Approximate date of filing lawsuit: May 11-2018
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: Bill Epperson, Tom Zubik, Brenda Lee, S.T.A. Paige, S.T.A. Raven, Security guard Carter Danette Jungel,
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois
- F. Name of judge to whom case was assigned: Judge, Edmوند Chang
- G. Basic claim made: Assault & Cruel & unusual punishment
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): The case is still pending
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On July 20-19, this plaintiff filed a grievance, making the defendant(s) aware of the situation that another inmate was threatening to violently attack me over using the jail phone system, that he considered his gang phone. I explained that Marc Lewis, the gang member is serious about violently attacking me over using the jail phone system. (See Grievance)

The defendant, Lieutenant Delitz, completely ignored the grievance, saying that Marc Lewis has not hit me yet. Essentially saying she was not going to take any action to stop Marc Lewis from attacking me. (See Grievance Appeal) 7-11-19. I explained that I needed to be moved to another deck before this gang member attacked me, Grievance Appeal, 7-17-19. Nothing was done. The ~~morning~~^{Afternoon} of July 22-19, Marc Lewis violently attacked me, causing me serious bodily harm.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Said Serious bodily harm being: Fractured cheek bone, fractured right eye socket, bleeding on my brain, loss of my ability to walk do to the bleeding on my brain, split lower lip, cut on my ~~right~~ skin beside my right eye. Plaintiff also suffer from continuous headaches and facial pain on plaintiff's right side.

The defendant, Lieutenant Delitz showed a Wanton deliberate indifference to plaintiff's life, personal safe and welfare where she did not act on plaintiff's grievance and move this plaintiff to another dorm. The defendant's action amounted to Wanton, Cruel and unusual punishment, causing this plaintiff serious and permanent life time injuries, plaintiff can no longer walk without falling after a couple of steps. See the Grievance and the Grievance appeal.

Sheriff Jefferson, Watched as plaintiff was stomped and kicked in the head in the back of the dorm for 2½ to 3 minutes before calling for assistance to stop the gang member Marc Lewis's

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

attack on this plaintiff. Defendant Jefferson is equipped with a Walkie-talkie which is carried on his person, and the call for assistance could have been made in a couple of seconds, but Defendant Jefferson decided to wait for 2½ to 3 minutes before making a call for assistance to stop the violent attack on this plaintiff. Defendant Jefferson's lack of action in calling for assistance to stop the violent attack on plaintiff caused this plaintiff to suffer serious bodily harm. Said bodily ^{harm} being permanent do to plaintiff now being in a wheelchair. Plaintiff suffered bleeding on the brain, fractured cheek bone, fractured right eye socket, split lower lip, cut beside right eye socket. Defendant Jefferson showed a wanton, deliberate indifference to plaintiff's life, personal safety and welfare when he let the attack on plaintiff continue for 2½ to 3 minutes before calling for assistance. Defendant's failure to protect ~~she~~ subjected plaintiff to cruel and unusual punishment. Defendants, John Doe, 1-2 & 3 are the same as Defendant Jefferson, failure to protect plaintiff.

Continued From #5

B
B-A

Revised 9/2007

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Make defendants responsible for all future medical care and payment do to plaintiff's brain injury. Plaintiff is 68 years old, make defendant separate inmates by age in living units. Gang member is 20 yrs. old. Plaintiff sues defendant Delitz in her official capacity and her individual capacity for 1,000,000.00. Plaintiff sues defendant Jefferson for 500,000 (usc.) in his official & individual capacity. fire lieut. Delitz.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 29 day of Jan., 20 20

Tommy Ortiz
(Signature of plaintiff or plaintiffs)

Tommy Ortiz
(Print name)

(I.D. Number) 20170720030

2600 S. California Ave. Chicago, IL 60608
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT
(Fecha del Incidente)

REQUIRED -

TIME OF INCIDENT
(Horas del Incidente)

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

7-9-19

All day

08-RTU-3C

Inmate Marc Lewis
threatening to attack me.

Inmate Marc Lewis is threatening to violently attack me over a phone he considers his phone. I only use the phone for 10 minutes everyday. I told the officer about Lewis threatening to violently attack me over the phone. The officer told me to get away from his desk, saying, Lewis has not hit me yet.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2019X15201768531

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Ortiz	INMATE FIRST NAME (Primer Nombre): Tommy	ID Number (# de Identificación): 20170720030
GRIEVANCE ISSUE AS DETERMINED BY CRW: 330-Security Procedure		
IMMEDIATE CRW RESPONSE (if applicable):		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): OBRTH Spot		DATE REFERRED: 7 / 11 / 19

RESPONSE BY PERSONNEL HANDLING REFERRAL

The inmate did not hit you. The Phone are For all inmates.			

PERSONNEL RESPONDING TO GRIEVANCE (Print): H. J. J.	SIGNATURE: H. J. J.	DIV./DEPT.: 15/1040	DATE: 7 / 12 / 19
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THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Tommy Ortiz	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 7 / 16 / 19
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 7 / 16 / 19

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

you don't seem to understand, I need to moved to another deck before this guy attacks me.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ORIGINAL RESP STANDS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): M. J. J.	SIGNATURE (Firma del Administrador o/su Designado(a)): M. J. J.	DATE (Fecha): 7 / 17 / 19
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THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Tommy Ortiz	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 7 / 22 / 19
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(Oficina del Alguacil del Condado de Cook)

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☐ Grievance
☐ Non-Compliant Grievance

☐ Cermak Health Services☐ Superintendent: _____☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Ortiz

PRINT - FIRST NAME (Primer Nombre):

Tommy R. Ortiz

INMATE BOOKING NUMBER (# de identificación del Preso)

20170720030

DIVISION (División):

08-RTU-3C

LIVING UNIT (Unidad):

08-RTU-3C

DATE (Fecha):

6-3-19

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La solicitud de la queja no puede contener más de un asunto.

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REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

All week

REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)

All week

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

08-RTU-3C

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

The youngsters and the phones.

These young guys are getting on the phones between 5:30pm and 9:00pm and staying on the phone for 1 and 2 hours at a time and not wanting to get off the phones. This needs to be stopped before a fight starts over the phones.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Tommy R. Ortiz

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Booker

SIGNATURE:

Crew Booker

DATE CRW/PLATOON COUNSELOR RECEIVED:

6/4/19

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED: